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APPLICANTS

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** CONTINUING DATA ***** *checked*
 This application is a CON of 10/156,293 05/24/2002 PAT 6,685,079
NC

** FOREIGN APPLICATIONS ***** *none*
NC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	MA	8	19	2
Examiner's Signature <i>[Signature]</i> Initials <i>NC</i>				

ADDRESS

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TITLE

Full thickness resectioning device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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